

**Broker Direct Deposit Commissions**  
**INFORMATION REQUEST**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Please provide your Tax ID # \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_  
\_\_\_\_\_

Checking Account Number \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email Address \_\_\_\_\_  
(Please use the name & address of the person who should receive the commission statements)

Contact Phone Number \_\_\_\_\_

Authorized Signer (Please Print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please print out and complete form and return to us:**

**Fax to:**  
**978-268-5059 Attn: Jane Schmalfeld**

**Or Mail to:**  
**Meadowbrook/TPA Associates**  
**Attn: Jane Schmalfeld**  
**10 New England Business Center**  
**Andover, MA 01810**